



TOWN OF GRAFTON FIRE DEPARTMENT
26 UPTON STREET
GRAFTON, MASSACHUSETTS 01519
Phone: (508) 839-4606
www.grafton-ma.gov

The Following Documentation/Information Shall Be Provided With This Application For Fire Department Approval:



(Cut Sheets)



(81/2x11 copy of drawing showing Fire Protection / Detection Devices only)



Must have documentation from Installing Contractor that detectors have been installed in accordance to the manufacturer's instructions.

(Affidavit)



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**APPLICATION/PERMIT
TO INSTALL AUTOMATIC FIRE/SMOKE DETECTION SYSTEM
WITHIN A RESIDENTIAL DWELLING**

All work to be performed in accordance to all applicable codes and regulations.

Date: _____ **City or Town of:** GRAFTON
Application is hereby made, in accordance with the provisions of M.G.L. Chapter 148, Fire Prevention Regulations 527 CMR, NFPA, the State Building Code and regulations made under authority thereof, by the undersigned, for permit to install at the location named herein, Automatic Fire/Smoke Detection equipment as described.

Owner of Property _____ **Telephone No.** _____

Address of Installation _____

Number of Dwelling Units _____

for permission to: install an Automatic Fire/Smoke Detection System as described below.

Is This In Conjunction With A Building Permit? _____

Does Structure Contain Fossil Fuel Burning Equipment? _____ If yes, CO Alarms Required

Does Structure Incorporate Enclosed Parking(attached or within) _____ If yes, CO Alarms Required

Description of work to be performed (Narrative): _____

Description of Equipment To Be Installed: _____

New System ☐

Add to Existing System ☐

Name of System _____ Model Number _____

Name of System _____ Model Number _____

| | | | |
|---------------------------------------|--|--------------------------------------|--|
| No. of Floors in Structure (existing) | | No. of New Bedrooms | |
| Additional Level Proposed (yes/no) | | No. of New Detectors | |
| No. of Existing Bedrooms | | No. of New Carbon Monoxide Detectors | |
| No. of Existing Detectors | | | |

Installer Name: _____ **Cert/License #:** _____

Address: _____

Fee:\$50.00
Application Received _____
(Date)

Paid ☐ Due ☐

System Approved by: _____
(Signature)

☐ **Approved for Building permit only.** Approval does not relieve the contractor of further review. The contractor has the sole responsibility to furnish and install according to all codes and ordinances.

**Office Use Only
OCCUPANCY INSPECTION REPORT**

Date of Inspection _____
(Date)

Pass ☐

Fail ☐

Reinspect _____ **Pass** ☐ **Fail** ☐
(date of reinspection)

Inspector _____
(inspector's signature)

comments